

**APPLICATION FOR EDUCATIONAL SCHOLARSHIP  
THE HATTERSCHEIDT FOUNDATION, INC.  
2018/19 SCHOOL YEAR**

**ALL FIELDS MUST BE COMPLETED TO BE ELIGIBLE**

**If you are awarded a scholarship, you will be notified by Dacotah Bank via US Mail. For recipients of the award, a thank you note will be REQUIRED to be received at the mailing address in the award letter no later than July 1 to retain the scholarship.**

1. Name in full  Soc. Sec. #
  
  2. Complete **Permanent Mailing** address (Street or Box)   
(City, State, Zip Code)   
Phone Number   
Personal Email Address (not high school)
  
  3. Date of Birth  U.S. Citizen  Yes  No (if No – **STOP**, You MUST be a US Citizen to apply)  
South Dakota resident  Yes  No (if No – **STOP**, You MUST be a SD resident to apply)
  
  4. Identification of Parents:
    - a. Father's name   
Present address or date of death   
  
Occupation
    - b. Mother's name   
Present address or date of death   
  
Occupation
  
  5. Name of school(s) or college(s) you plan to attend:
  
  6. Major subjects of study:  Minor:
  
  7. Name and complete address of high school currently attending:  
Name:   
Address:  Phone #
  
  8. Date and Place of graduation:
  
  9. SAT Score  OR ACT Score  OR Other (explain)
  
  10. **ATTACH AN OFFICIAL HIGH SCHOOL TRANSCRIPT**
  
  11. Give names and addresses of the three individuals who wrote recommendation letters for you: (FROM A CURRENT PROFESSOR, TEACHER, EMPLOYER, ETC. **RECOMMENDATIONS FROM FAMILY MEMBERS WILL NOT BE ACCEPTED**)
    - A.
    - B.
    - C.
  
  12. Please write a brief autobiography (do not exceed 200 words) describing your experiences to date and indicating, at the end, your hopes and plans for the future.
  
  13. Have you applied for a Hatterscheidt Fdn. Scholarship at more than 1 school/college/university?  Yes  No  
If yes, please give school name(s):
- Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**APPLICATION FOR EDUCATIONAL SCHOLARSHIP  
THE HATTERSCHEIDT FOUNDATION, INC. – FINANCIAL INFORMATION**

Applicant's Name:

Parents' Names:

I/We have completed the Application for Federal Student Aid. Yes   
No  (STOP-must complete to be eligible)

Parents' 2016 Adjusted Gross Income (Line 37 – Form 1040)  
*(includes salary, wages, dividends, interest, business profits and any other taxable income)*

- |  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> \$0-25,000      | <input type="checkbox"/> \$50,000-75,000  | <input type="checkbox"/> \$100,000-125,000 | <input type="checkbox"/> \$150,000-175,000 |
| <input type="checkbox"/> \$25,000-50,000 | <input type="checkbox"/> \$75,000-100,000 | <input type="checkbox"/> \$125,000-150,000 | <input type="checkbox"/> \$175,000-& Above |

Parents' Asset Information (Per Section 5 Financial Information Tab-Application for Federal Student Aid):  
*Includes cash, savings, checking, savings accounts, real estate and investments (not home) less real estate or investment debt (not home), business value less debt, and investment farm value less debt (not family farm).*

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> \$0-50,000       | <input type="checkbox"/> \$100,000-150,000 | <input type="checkbox"/> \$250,000-300,000 | <input type="checkbox"/> \$500,000 & Above |
| <input type="checkbox"/> \$50,000-75,000  | <input type="checkbox"/> \$150,000-200,000 | <input type="checkbox"/> \$300,000-400,000 |  |
| <input type="checkbox"/> \$75,000-100,000 | <input type="checkbox"/> \$200,000-250,000 | <input type="checkbox"/> \$400,000-500,000 |  |

Parents' 2016 Filing Status:  Married filing joint return  
 Head of Household  
 Qualifying widow with dependent child

Applicant's immediate household consists of (Check All that Apply):  
Father   
Mother   
Brothers  (# )  
Sisters  (# )  
Other (list)

Number of family members attending college in 2018/2019:

Please list all scholarships and amounts received to date:

Please note any other pertinent information that may reflect need for financial assistance to provide for college expenses of applicant:

**THIS INFORMATION WILL BE HELD IN STRICTEST CONFIDENCE BY THE HATTERSCHEIDT FOUNDATION, BUT IS NECESSARY TO ASSURE THAT SCHOLARSHIP RECIPIENTS MEET THE FINANCIAL NEED CRITERIA.**

\_\_\_\_\_  
(Signature of Parent)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Parent)

\_\_\_\_\_  
(Date)

**LETTER OF RECOMMENDATION**

**TO**

**THE HATTERSCHEIDT FOUNDATION, INC.**

(To be a thoughtful appraisal of the applicant, his/her strong and weak points, his/her character, personality, abilities, emotional stability, adaptability to new conditions, his/her seriousness of purpose, and his/her probability of success in further study.)

Name of Applicant:

Address:

Do you recommend college training for applicant? Yes  No

If "YES", state your reasons:

Length of time this applicant has been personally known by the undersigned:

Relationship, if any, of the undersigned to this applicant (may not be a family member):

Signed: \_\_\_\_\_ Position or Title: \_\_\_\_\_ Date: \_\_\_\_\_

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